The University of Mississippi Medical Center
Information Technology Acceptable Use & Confidentiality Agreement

It is the policy of the University of Mississippi Medical Center (UMMC) that information, in all its forms, written, spoken, recorded electronically, or printed, will be protected from accidental or intentional unauthorized modification, destruction, or disclosure. All computer equipment must be protected from misuse, unauthorized manipulation, and destruction. Protection measures may be physical and/or software oriented.

As an associate of the UMMC (employee, student, volunteer, clinical faculty, consultant, contractor), I understand and agree to abide by the following:

A. I understand that in the performance of my duties I may come into contact with confidential or sensitive information contained in written records, documents, ledgers, internal verbal communication and correspondence, computer programs and applications or some other medium pertaining to patients, employees, students, medical business enterprise and/or administrative support. I agree not to disclose any confidential or sensitive information unless release of such information is directly related to the performance of my assigned responsibilities. This confidentiality agreement is binding during and after my affiliation with UMMC. On termination of affiliation with UMMC, I will return all UMMC information and data including, but not necessarily limited to, confidential, sensitive, and public information and data.

B. All passwords to information are confidential. Under Mississippi Code 1972: Sec. 97-45-5 (1)(b), it is a computer crime to use another person's password or disclose a password to another for the purpose of obtaining unauthorized access to computer systems. I will not disclose any password I am assigned or create, and I will not write such password or post it where it may be viewed by another. I understand that use of a password not issued specifically to me is expressly prohibited. I understand that I am responsible for all computer activity performed with the use of my password.

C. I will not attempt to circumvent the computer security system by using or attempting to use any transaction, software, files, or resources that I am not authorized to use.

D. I will not deliberately sabotage computer equipment or software. I will not make or distribute unauthorized copies of software. I will not load unlicensed software or software unauthorized by UMMC on any computer belonging to UMMC.

E. I understand that access to confidential information is granted only as required to fulfill my job responsibilities. I understand that approved access to confidential information does not authorize the indiscriminate browsing of such information. Access is only authorized for specific and legitimate "need-to-know" information that is required to accomplish assigned job responsibilities.

F. I understand and agree to comply with all policies, standards, and procedures adopted to safeguard information and associated information resources as set forth in the Mississippi Code and UMMC policies. Further, I acknowledge that I have received, read and understand the security policies outlined above and in the UMMC Acceptable Use Policy.

G. I understand that failure to comply with any of the conditions noted herein may result in disciplinary action, including possible termination of employment. For contractors/consultants, violation of any security policy constitutes a material breach of contract and entitles UMMC to immediate termination without penalty. I further understand that UMMC retains the right to pursue any other legal remedies available when misuse of its information and/or information resources is suspected.

My signature below represents my acknowledgment that I understand and abide by the security policies as outlined above and as contained in the UMMC Acceptable Use Policy.

________________________  __________________________
Signature                      Employee number, student ID number, or other ID

________________________  __________________________
Printed Name                      Date